

Labor Standards Section**Form 11**

Final Inspection / Project Completion(If Project has more than One Phase, Please Submit a Separate Form for Each Phase.)

Date:	
To:	Labor Standards Officer
	Indiana Department of Commerce
	Grants Management
	One North Capitol, Suite 700
	Indianapolis, IN 46204-2288
From:	
Grantee:	
Grant Number:	

Project Information

1. Project / Phase:	
2. Name of Contractor:	
3. Completion of Construction Date:	
4. Final Inspection Date:	